AMENDMENTS TO THE SPECIFICATION

Please delete the first full paragraph on page 3 in the specification, and replace with the following new one:

Particularly, estrogen, calcitonin, active type vitamin D3 and the like are used in the clinical field as therapeutic and preventive agents for metabolic bone diseases including osteoporosis. However, since these agents have a mechanism to increase bone density by mainly controlling bone resorption or calcium metabolism, it is said that the effect is not sufficient for senile osteoporosis and the like in which the bone formation ability is reduced. Recently, favorable bone density improving action of a PTH having bone formation promoting action has been reported (*J. Clin. Endocrinol. Metab.*, 82, ~~62~~620 – 628 (1997)), and this substance is expected as a new anti-osteoporosis agent.

Please delete the first full paragraph on page 5 in the specification, and replace with the following new one:

In addition, it is known that physiologically active substance prostaglandin E2 (PGE2), which is clinically put into practical use as a vasodilator and a labor inducer, also has the bone forming action and bone resorption action as one of its many activities, and it has been reported that the bone mass was increased when PGE2 was administered in combination with an alendronate as the bisphosphonate (Non-patent Reference 4: *Journal of Bone and Mineral Research*, 8(7), p. 871-9 (1993)).

Please delete the third full paragraph on page 45 bridging page 46 in the specification, and replace with the following new one:

The compound of Production Example ~~93~~91 (6-(4-fluoropiperidin-1-yl)-3-(6-methoxypyridin-2-yl)-1,2,4-triazolo[4,3-b]pyridazine: to be referred to as compound A

hereinafter) which is a typical compound of the compound (I) was used as the non-living body-derived non-peptide osteoblast differentiation promoting compound of the invention, and incadronate (Bisphonal (registered trademark)) as the bisphosphonate, respectively. Groups in which the compound A or incadronate alone and a parathyroid hormone hPTH(1-34) are to be administered were used as comparative groups. In addition, the drug-non-administered OVX group and the sham operation group were used as control groups. The compound A was orally administered twice a day as a 0.5% methyl cellulose suspension of 30 mg/5 ml/kg, and incadronate was orally administered once a day as an aqueous solution of 1 mg/2.5 ml/kg. The hPTH(1-34) was subcutaneously administered once a day as a physiological saline solution of 3 μg/1 ml/kg. To the control groups was orally administered 0.5% methyl cellulose twice a day.